

TRAVEL/CASH ADVANCE REQUISITION

TRAVELER NAME AND ADDRESS:		SPECIAL INSTRUCTIONS:
Employee ID #		
Voucher #		Destination:
Check box if new address or change of address		Travel Date(s): _____ to _____

Voucher Total

\$

Invoice	Invoice date	Description (limit 25 spaces)	Amount	Fund	Loc.	Dept.	Object	Activity
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IMPORTANT: I am requesting an advance from Capital University and authorize the University to deduct this amount from my salary if I fail to submit a travel expense form with all receipts and/or fail to reimburse the University for any unused or unaccounted for funds within 30 days from return of the trip.

	Typed Name	Signature	Date
TRAVELER:			
Budget Manager/ Dept. Chair/ Supervisor			
If \$2,500 or greater, approval by area Vice President or Dean			
If \$5,000 or greater, must be approved by VP for Business & Finance			

***NOTE: Expense advance must be approved by the traveler's supervisor. Travelers may not approve their own advance requests.**